SUMMARY_FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Detail: Public Employer		Board of Education			County: Ocean	
Employee Organization	Lacey Township	Education Association	on		Employees in Unit: 486	4
Base Year Contract Term:	7/1/2012	6/30/2015	New Contr	ract Term 7/1/2015		
Type of Settlement:	☐ Mediated Settl	lement	act-Finder Recomme	ndation 🗾	Voluntary Settlement Super	Conciliation
	<u> </u>		Basa Year	umn A - Total Costs evious agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)	·
Section II: Economic						
Item 1 Salar	<u> </u>		\$28 915,224		\$29,493,528	
item 2 Incren	nent	_	_\$0		\$0	
item 3 Longe	vity	_	\$732,510		\$732,510	
item 4 College	Credits	_	\$49,534		\$49,534	
item 5		_				
ttem 6		_				
Item 7		_				
Hem 8						
Item 9						
Item 10		_				
Ilem 11		_		l		
Item 12						
Any additional demails ton separate sheet		Additional Items	l	I		
Section III: Totals - Sum of costs in	n each column		\$29,697,088		\$29,197,164	
				otal)		
			"	otal	(Total)	
					<u></u>	
Section IV: Analysis of new successor	agreement		<u>NEW AGREE</u>	MENT ANALYSIS		
Total Base Year(previous agreement)	\$29,697,08	8				
Effective Date (m/tl/yyyy)		7/1/2015	7/1/2016	7/1/2017		
Partial Increase		2.00%	3.40%	3 65%		
Total cost of incresse		\$578,304	\$909,506	\$1,014,003		
Total base salary (successor agreement)		\$29,493,528	\$30,403,035	\$31,417,026		
Section V: Impact of Settlemen	t - average annual i	ncrease over term of aos				
Percentage Impact (average per year over	-		D. C. C.			
Dollar Impact (average per year over term)	of agreement)	3.02 \$833,938 00				
Section VI						
Health Insurance (Indicate costs associate	f on each line)					
Cost of Health Plan		50 056 674	Fig 1			
Employee Contributions		\$9,856,674	\$10,667,219			
Prescription		\$1,528,087	\$2,084,414			
Dental		\$3,731,015	\$4,019,690			
Vision		\$653,388 \$0	\$652,446 \$0			
		30	\$0			
The undersigned certifies that	the foregoing liqur	es are true and is awar	e that if any of the fi	oregolng items are false	s/he is subject to punisment.	
Section VI!						
Prepared by:	Patrick S.	DeGeorge		Title:	Business/Board Secretary	
6		P(int Marine)	00			
	E	STATE OF THE PARTY	page	Date:	9/28/2016	

Lacey Township School District Health Insurance Information for PERC

			Increase	se	% of LTEA	% of LTEA
	FY15	FY16	63	%	FY15	FY16
Medical	9,979,882.88	10,800,559.37	820,676.49	8.223308	9,856,674.45	10,667,219.13
EE Contributions	1,547,188.08	2,110,469.44	563,281.36	36.40678	1,528,086.99	2,084,414.26
Prescription	3,777,652.47	4,069,936.27	292,283.80	7.737181	3,731,014.79	4,019,690.14
Dental	661,555.34	660,601.09	(954.25)	-0.14424	653,387.99	652,445.52
Vision	•	•	•		•	•
Total # of LTEA members with benefit coverage	embers with benefit	coverage	480			
Total # of LTEA members	mbers		486			
			%66			